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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Non-Financial Sustainability Planning

SAMHSA PBHCI National Grantee Meeting
June 4- 7, 2017 • Austin, TX

Disclaimer

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About the Presenters

Angela Mooss, PhD, has been working in program evaluation and community psychology for nearly 15 years in the fields of Healthcare Integration, HIV/AIDS, Youth Substance Use Prevention, and Drug Court models. She currently serves as the Executive Director for Behavioral Science Research Institute in Miami, Florida.

Behavioral Science Research Institute

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David Freedman is a Certified Addictions Professional who has been assisting in integrating care for the past 6 years. He is presently consulting in integrating behavioral and primary health and serves as the PBHCI Project Director for a large public hospital system, Memorial Health Care. He has 30 plus years of experience assisting organizations in the field of healthcare and behavioral health.

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Discussion Topic

This discussion strives to answer the question:

"If there is no additional funding or revenue source to support integrated healthcare, will it pay for itself in other ways?"

Discussion Objectives

- Identify strategies in using health data to drive care
- Identify strategies in using integrated healthcare resources and partners to enhance staff capacity
- Use of health care partnerships to improve recovery from mental illness and substance abuse.

What is Sustainability?

- ***Institutionalization*:** a process by which certain social relationships and actions come to be taken for granted; comes about through the elaboration of social system-wide principles, norms, laws, and rules
- ***Routinization*:** When an innovation has become a stable and regular part of organizational procedures and behavior

Pluye, et al., 2004; Powell & DiMaggio, 1991; Lefebvre, 1990

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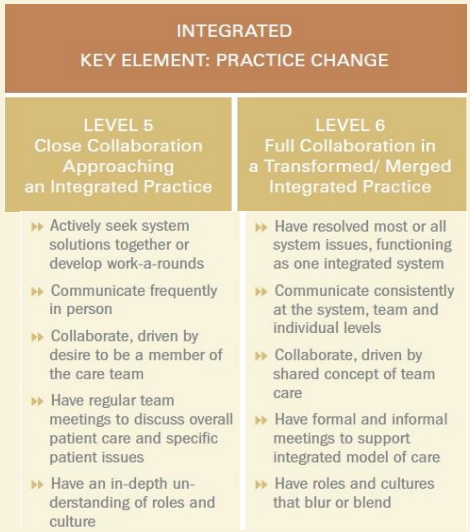
Process and Outcomes



- **PB and J**
- **Sonny and Cher**
- **IPP and NOMS**

Heath, et al., 2013

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Process Indicators for Sustainable Planning

WD: Workforce Development

- Training and capacity building
- Cross-discipline and cross-staff type
- Onboarding/orientation

Process Indicators for Sustainable Planning

- PC: Formal inter/intra-organizational agreements (MOUs &MOAs)
  - *need a shared vision*
  - *Specific responsibilities in MOU/MOA*
  - *Beyond project terms*
- PD: Policy Changes
  - *Institutionalization and Routinization*
  - *Reinforced/Incentivized*

Outcome Indicators for Sustainable Planning

- **S1: Number screened**
- **R1: Number referred**
- **AC1: Number and percent receiving services post-referral (Linkage)**
  - *Who are you serving/What is the need?*
  - *Are they engaged?*
  - *Where do they receive services?*
- **Client flow is critical for defining the program to be sustained**

Accountability & Outcomes

- **Change talk and MI to engage external partners – shared mission and vision**
- **Joint Quality Improvement projects (internal and external)**

Partnering with Medicaid Health Plans to Improve Health Outcomes

- Medicaid Health Plans are contractually obligated to coordinate with mental health agencies as a good standard of practice.
- Behavioral health providers are contractually obligated to coordinate with primary care as a good standard of practice.
  - *Payers require coordination*
  - *Accreditation (JCAHO, CARF, COA) expects it to happen*

WHY? Because it is good care!

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The Impact of Access to Healthcare on Behavioral Health and Substance Use

- Accessing health services can rule out symptoms that are medically based but give the appearance of symptoms of a mental illness.
  - *Thyroid*
  - *Diabetes*
  - *Delirium*
- Integrated care is happening in agencies that don't have grants.
  - *Agencies have partnerships with public health, FQHC's, family practices where no money is exchanged, but there is a shared vision of a healthy community.*
- Successful case managers have been doing integrated healthcare for a long time.

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The Impact of Access to Behavioral Health Services in Healthcare

- Primary care providers are screening for signs and symptoms of mental illness
  - *45% of people who complete suicide were seen by a provider within the month of the act.*
- Primary care providers are comfortable with prescribing medications for behavioral health conditions.
  - *80% of all medications prescribed for behavioral health are from a primary care provider.*
  - *People are able to step back into primary care when medication needs are stabilized.*
  - *Primary care partnerships strengthen the ability to step down to community levels of care, including free clinics and FQHC's.*
- Primary care providers have outcome measures in relation to chronic disease management, but do not have the time / staff to do the work.

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The Impact of Wellness Services on Behavioral Health and Substance Use Services

- Evidenced-based practices for behavioral health recovery practices have embedded wellness activities as part of treatment.
  - *WHAM*
  - *WRAP*
  - *Dialectical Behavior Therapy*
- Trauma Informed Care
  - *Sleep*
  - *Movement and Relaxation*
- Depression Treatment
  - *Emotional eating*
  - *Link between depression and diabetes*

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The Basics

- Team Hiring
- Team Building
- Team Meetings

The Basics Continued

- Integrated Clinical Record
- Training
- Outcome Measures
- Client Registry
- Engagement

Integrated Plan

Goal Template Name
*Patient-Stated
Alcohol Use - Attend Alcoholics Anonymous
Alcohol Use - Reduce alcohol intake
Anxiety - Acquire and utilize non-pharmaceutical skills to manage anxiety
Anxiety - Integrate and implement new cognitive and behavioral ways to manage anxiety
Anxiety - Reduce Symptom Presence and Frequency
Blood Pressure - BP < X (default = 130/80)
Blood Pressure - BP < X (default = 140/90)
CHF Goal - Develop an Action Plan
CHF Goal - Not exercising if experiencing Shortness of Breath
CHF Goal - Standard of Care
CHF Goal - Understanding Fluid Overload / When to report to Provider
Contingency - Reduce need for rescue inhaler to less than once per month
Coping - Develop a personal recovery/relapse plan
Coping - Identity target symptoms with clinicians to manage mental health condition
Coping - Learn and implement skills to handle anger constructively
Coping - Terminate or reduce self-damaging choices

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Integrated Plan

Diet - Cut out extra servings
Diet - Eat 3 meals a day
Diet - Eat breakfast every day
Diet - Eat more fruits and vegetables
Diet - Food Label Reading
Diet - Increase water intake
Diet - Limit fluid intake
Diet - Plan meals
Diet - Reduce caffeine intake
Diet - Reduce calore intake
Diet - Reduce fast food intake
Diet - Reduce fat intake
Diet - Reduce portion size
Diet - Reduce soda or juice intake
Diet - Reduce sugar intake
Diet - Stop adding salt to food

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Integrated Plan

DM Goal - Blood Glucose Monitoring
DM Goal - Carry snack/emergency carb supply
DM Goal - Check blood sugar prior to physical activity
DM Goal - Diabetes Standard of Care
DM Goal - Sick Day Mgmt/Instruct on 15/15 rule
DM Goal - Signs/Symptoms of Hypo/Hyperglycemia
Drug Use - Attend Narcotics Anonymous
Exercise - 3x per week (30 min per time)
Exercise - Incorporate approved physical activity as instructed by Provider
Exercise - Increase physical activity
Exercise - Understanding importance of physical activity
HTN Goal - Blood Pressure Monitoring
HTN Goal - Hypertension Standard of Care
HTN Goal - Not exercising when Blood Pressure is too high/low
HTN Goal - Signs/Symptoms of Hypo/Hypertension
Lab Result - Blood Glucose < X (default = 180)
Lab Result - Fasting blood glucose 70-130
Lab Result - HDL > X (default = 40)
Lab Result - Hemoglobin A1c < X (default = 7)
Lab Result - LDL < X (default = 100)
Lab Result - LDL < X (default = 130)

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Integrated Plan

Lifestyle - Attend all scheduled provider appointments
Lifestyle - Attend all scheduled treatment appointments
Lifestyle - Attend stress management classes
Lifestyle - Eat at dinner table with family
Lifestyle - Keep TV off during meals
Lifestyle - Reduce fall risk
Lifestyle - Reduce screen time
Lifestyle - Report conditions/concerns to MD
Lifestyle - Take medications as indicated/prescribed
Lifestyle - Understanding of Medications/Durable Medical Equipment (DME)
LIFESTYLE - WEIGH SELF DAILY
Ped Card Chronic Care: Single Ventricle Defect O2 Goal
Ped Card Chronic Care: Weight to stay above ***
RESULTS - CYCLOSPORINE LEVEL
RESULTS - MYCOPHENOLIC ACID
RESULTS - SIROLIMUS LEVEL
RESULTS - TACROLIMUS LEVEL
RESULTS - INR GOAL

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Integrated Plan

Tobacco Use - Quit smoking
Tobacco Use - Quit smoking / using tobacco
Weight - less than X (default = 200 lb)
Weight - Record weight weekly
Weight - Understanding Obesity/Weight Management
Weight - Weight loss goal

Integration & Engagement

- Infectious Wellness
- Aggressive Outreach
- Peers as Engagement Coaches

Values of the Administrative Processes of Integrated Care

- Customer centric - - better outcomes = more clients
- A4: Consumer and family members on Advisory Board
  - *Most non-profit or governmental agencies have consumers and family members on advisory or governing boards as a value, or are contractually obligated to do so.*
- Eventually this will mean better contract negotiations, better rates, and sustained business for financials – BUT the program must be there first

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Group Activity

- **Sustainable planning- action steps using integrated care framework**
  - *Have an in-depth understanding of roles and culture*
- **Action Plan**
  - *Activity: Role sharing at quarterly meetings*
  - *Champion: Integrated Nurse Manager*
  - *Timeframe: Starting August 2017*
- **Sustainability checklist**

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Thank you!